

**DO NOT
STAPLE**

STATE of WASHINGTON



SECRETARY of STATE

Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-753-0863 • Fax: 360-664-4250 • E-mail: charities@secstate.wa.gov

APPLICATION TO REGISTER AS A COMMERCIAL COVENTURER FEE: \$20

Make fees payable to "State of Washington"

☐ Check here to request **EXPEDITED MAIL SERVICE** (optional). If checked, please enclose an additional \$20 fee.

Please complete entire application or write "n/a" if not applicable. Incomplete applications will not be accepted.
All documents must be typewritten or printed legibly in ink. **DO NOT staple or bind application or attachments.**

SECTION 1 - ORGANIZATION INFORMATION

Check One: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Update	If Update, provide organization's Registration Number :	
Organization's Full Legal Name:	Telephone: ()	
Mailing Address:	City, State, ZIP:	
The organization would like forms and correspondence from the Charities Program mailed to the ATTN of the following individual at the mailing address shown above (Optional):		
Street Address (if different than mailing):	City, State, ZIP:	
Fax: ()	County (WA State only):	
E-mail:	Internet (www):	
Type of organization (check one, if applicable): <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> WA State Corporation <input type="checkbox"/> Foreign Corporation, State of Incorporation: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company		Date Incorporated/Established: (mm/dd/yy)
UBI Number (Unified Business Identifier):	FEIN Number (Federal Employer Identification Number):	

ATTACHMENT

Attach a list of all mailing, street, electronic, or Internet addresses used for solicitations (excluding those provided above).

SECTION 2 - "ALSO KNOWN AS" NAMES

List all the Commercial Coventurer's names (excluding the organization's full legal name provided above) under which contributions will be solicited. Include acronyms, abbreviations, shortened names, DBAs, subsidiaries/affiliates, etc. (*Attach an additional sheet if needed*):

SECTION 3 - ADMINISTRATIVE INFORMATION

Provide the organization's fiscal/accounting year-end date: ____/____/____ (**REQUIRED**)
month day year

The individual with expenditure authority who can respond to questions regarding the organization's expenditure of funds is:

Name:	Telephone: ()
E-mail:	Fax: ()
Mailing Address:	City, State, ZIP:

Name the three officers or employees of the organization currently receiving the greatest compensation (highest paid), regardless of whether or not compensation is a direct result of Commercial Coventurer activities (<i>REQUIRED</i>):			
Name		Title	
1.			
2.			
3.			
The individual(s) responsible for the activities of the Commercial Coventurer in Washington State is/are (<i>Attach an additional sheet if needed</i>): <i>Note: Individual(s) responsible need not be physically located in Washington.</i>			
Name:		Title:	
Telephone: ()		Fax: ()	
Address:		City, State ZIP:	
Email:			
The Owners and Principal Officers of the Commercial Coventurer are (<i>Attach an additional sheet if needed</i>):			
Name:		Title:	
Telephone: ()		Fax: ()	
Address:		City, State, ZIP:	
E-mail:		DOB:	
Name:		Title:	
Telephone: ()		Fax: ()	
Address:		City, State, ZIP:	
E-mail:		DOB:	
Name:		Title:	
Telephone: ()		Fax: ()	
Address:		City, State, ZIP:	
E-mail:		DOB:	
SECTION 4 - FUNDRAISING INFORMATION			
Types of solicitation campaigns to be/that have been conducted (check all that apply):			
<input type="checkbox"/> Entertainment/Special Event	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Product Sale	
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Vehicle/Boat Donations	<input type="checkbox"/> Advertisements/Coupon Books	
<input type="checkbox"/> Internet Solicitations	<input type="checkbox"/> Resale Of Donated Goods	<input type="checkbox"/> Newspaper/Magazine	
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Door to Door	<input type="checkbox"/> Other _____ (describe)	
List all Charitable Organizations for whom the organization acted as a Commercial Coventurer in Washington State during the previous fiscal/accounting year (<i>Attach an additional sheet if needed</i>):			
Charity Name:	Address:	Telephone:	Term Dates of Contract:
1.			___/___/___ to ___/___/___ mm dd yy mm dd yy
2.			___/___/___ to ___/___/___ mm dd yy mm dd yy

3.			____/____/____ to ____/____/____ mm dd yy mm dd yy
List the Charitable Organizations for whom the organization is/will be acting as a Commercial Coventurer in Washington State during the current fiscal/accounting year: NOTE: DO NOT submit copies of fundraising contracts with this application.. Each contract must be submitted to the Charities Program separately, along with the required Fundraising Service Contract Registration Form and a \$10 fee.			
Charity Name:		Contract Begin Date:	Contract End Date:
Address:		Telephone: ()	
Planned Financial Contribution (e.g. Who, What, When & How):			
How is the contribution calculated? (check one) <input type="checkbox"/> Fixed Percentage of Gross Sales Revenue <input type="checkbox"/> Fixed Dollar Amount <input type="checkbox"/> Fixed Dollar Amount Per Sale <input type="checkbox"/> Other (<i>describe</i>):			
Has the charitable organization given the Commercial Coventurer authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Charity Name:		Contract Begin Date:	Contract End Date:
Address:		Telephone: ()	
Planned Financial Contribution (e.g. Who, What, When & How):			
How is the contribution calculated? (check one) <input type="checkbox"/> Fixed Percentage of Gross Sales Revenue <input type="checkbox"/> Fixed Dollar Amount <input type="checkbox"/> Fixed Dollar Amount Per Sale <input type="checkbox"/> Other (<i>describe</i>):			
Has the charitable organization given the Commercial Coventurer authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Charity Name:		Contract Begin Date:	Contract End Date:
Address:		Telephone: ()	
Planned Financial Contribution (e.g. Who, What, When & How):			
How is the contribution calculated? (check one) <input type="checkbox"/> Fixed Percentage of Gross Sales Revenue <input type="checkbox"/> Fixed Dollar Amount <input type="checkbox"/> Fixed Dollar Amount Per Sale <input type="checkbox"/> Other (<i>describe</i>):			
Has the charitable organization given the Commercial Coventurer authority to expend funds and/or incur obligations on its behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the required Fundraising Service Contract Registration Form been submitted to the Secretary of State for this campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATTACHMENTS			
Did the Commercial Coventurer perform services in any state, or Canadian Province, other than Washington State during the past fiscal/accounting year? (check one) <input type="checkbox"/> Yes - Attach a list of states and/or provinces where services were performed. <input type="checkbox"/> No			
Is the Commercial Coventurer registered to solicit contributions in any state other than Washington State? (check one) <input type="checkbox"/> Yes - Attach a list of states where organization is registered to fundraise. Include all names (excluding the organization's full legal name provided in Section 1) under which the Commercial Coventurer is currently registered/has been registered in the past three years. <input type="checkbox"/> No			
SECTION 5 - SIGNATURE (Required)			
<i>By signing this application for registration, the applicant: (a) certifies that the information contained in the application and in the attachments are accurate and true to the best of the applicant's knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuits) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past ten years.</i>			

Signature of Officer/Owner

Printed Name

Title

Date

NOTE: Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose **\$20** per registration document (in addition to regular fees), check (✓) the box on page one of this document, and write the word **“EXPEDITE”** in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.